IN THE UNI STATES PATENT AND TRADEMARK OFFICE

In re Patent Application of

OKADA et al.

Atty. Ref.:

723-1221

Serial No. 09/994,943

Group:

2672

Filed: November 28, 2001

Examiner:

M. Good-Johnson

For: IMAGE PROCESSING APPARATUS AND DISPLAY

CONTROL METHOD

December 7, 2004

Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

Sir:

AMENDMENT

In response to the office action dated September 7, 2004, please amend the subject patent application as follows.

Amendments to the Specification begin on page 2.

Amendments to the Claims are reflected in the listing of claims beginning on page 5.

Remarks begin on page 14.

An Appendix including a replacement Abstract follows page 19.

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03/14/2005 KHARLING 00000008 141140

01 FC:1201

88.00 DA

PATENT APPLICATION FEE DETERMINATION RECORD Effective October 1, 2000 **CLAIMS AS FILED - PART I SMALL ENTITY** OTHER THAN (Column 1) (Column 2) TYPE [OR **SMALL ENTITY TOTAL CLAIMS** RATE FEE RATE FEE FOR BASIC FEE 355.00 70.00 * NUMBER FILED **NUMBER EXTRA** BASIC FEE OR TOTAL CHARGEABLE CLAIMS minus 20= X\$ 9= X\$18= OR INDEPENDENT CLAIMS minus 3 = X30= X40= OR MULTIPLE DEPENDENT CLAIM PRESENT +135= +270= OR * If the difference in column 1 is less than zero, enter "0" in column 2 TOTAL OR TOTAL CLAIMS AS AMENDED - PART II **OTHER THAN SMALL ENTITY SMALL ENTITY** OR (Column 1) (Column 2) (Column 3) CLAIMS HIGHEST ADDI-ADDI-₫ REMAINING NUMBER PRESENT TIONAL RATE RATE TIONAL PREVIOUSLY MENDMENT AFTER **EXTRA** AMENDMENT FEE PAID FOR FEE Total Minus X\$ 9= X\$18= OR Independent Minus X86= X40= OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM +135= +270= OR TOTAL TOTAL OR ADDIT. FEE ADDIT. FEE (Column 1) (Column 2) (Column 3) HIGHEST ADDI-ADDI-8 REMAINING NUMBER PRESENT RATE TIONAL RATE TIONAL ENDMENT AFTER PREVIOUSLY **EXTRA** AMENDMENT PAID FOR FEE FEE Total Minus X\$ 9= X\$18= OR Independent Minus X40 =X80= OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM +135= +270= OR TOTAL OR ADDIT. FEE ADDIT, FEE (Column 1) (Column 2) (Column 3) CLAIMS HIGHEST ADDI-ပ REMAINING ADDI-NUMBER PRESENT **AMENDMENT AFTER PREVIOUSLY** RATE **TIONAL** RATE **TIONAL EXTRA** AMENDMENT PAID FOR FEE FEE Total Minus X\$ 9= X\$18= OR Independent Minus ... X40= X80= OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM +135= OR +270= * If the entry in column 1 is less than the entry in column 2, write "0" in column 3. TOTAL "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, anter "20." ADDIT. FEE ADDIT. FEE ""If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

Application or Docket Number